



# Westchester REMSCO

TRAINING & EDUCATION COMMITTEE  
4 Dana Rd., Valhalla, NY 10595 PHONE 914-231-1616 FAX 914-813-4161 [www.wremSCO.org](http://www.wremSCO.org)

## Application for Instructor Course: Instructor Update (CIU)

**Course Location:** Westchester County Dept of Emergency Services Training Center  
4 Dana Rd.  
Valhalla, NY 10595

**Course Date(s)/ Time(s):** Saturday, September 6, 2008 / 0830 - 1630

*(Please Type or Print Legibly)*

### Applicant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Primary Phone (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_

### Instructor Certification Information (If applicable)

**Level of Certification**  
*(check all that apply)*  CIC  CLI  
 Regional Faculty

CIC/CLI # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Course Sponsor Affiliation Information (If applicable)

Name \_\_\_\_\_ NYS Course Sponsor # \_\_\_\_\_  
Course Administrator \_\_\_\_\_ Contact # \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

### FOR REGIONAL EMS OFFICE USE ONLY

Course Number:	
Registration number:	
Application Received:	
Registration completed:	